OMB#: 2050-0175 Expires 12/31/2003

A.M. Tarana	MAIL THE MPLETED FORM TO: opropriate State or segional Office.	United States Environmental Protectio	n Agency ICATIO	ON FORM						
Barren .	ason for Submittel instructions on 23)	Reason for Submittal:  To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).								
	RK CORRECT BOX(ES)	☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information).								
		As a component of a First RCRA Hazardous Waste Part A Permit Application.								
B		☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #), ☐ As a component of the Hazardous Waste Report.								
-Nathan	te EPAID Number	EPA ID Number: I,AR000502187,								
	to Name (See uctions on page 24)	Name: Vetter Equipme	nt	Compan	u,					
4	Ite Location mation (See	Street Address: 2310 DIDWa	1	tuenue !	P.O. BOX 27					
	uctions on page 24)	City, Town, or Villago: Onawa		Stato; Ta						
		County Name: Monona		ZIp Code: 51040						
47	te Land Type (See juctions on page 24)		ederal [	Indian   Municipal	State - O Other					
Colored.	orth American Industry Sification System CS) Code(s) for the (See instructions on	Cove IH Equipment D.								
1	24)			5. 11 6 8	•					
ite Malling Address Street or P. O. Box: Same				7 .: 1						
100	instructions on page	City, Town, or VIIIage:								
		State:								
		Country:		Zip Code:						
	Site Contact Person (See tructions on page 25)	First Name: Gary Mi:		Last Name: Pre	211					
		Phone Number: 712423106	9	Phone Number Extension:						
Op	Legal Owner and erator of the Site (See	a Name of Sito's Legal Owner: Ve Her		Date Elecame Owner (mm/dd/yyyy): Feb 22; 2000						
26	tructions on pages 25 to	Owner Typo: Private   County   District   Federal   Indian   Municipal   State   Other								
		B. Name of Site's Operator:  Dave Madsen		Date Became Operator (mm/dd/yyyy): Feb 22,2000						
		Operator Type: APrivate O.County O District O Fed	deral 🔾	Indian D Municipal D						

For#6, it should be 811310 - called the secretary a she said they service equipment

EPA Form 8700-12 (Revised 5/2002)

Page 1 of 3

Pag



R00411318 RCRA RECORDS CENTER

RCRIS data entered

on 03/10/03

							OMB#:	2050-0	175	Expires	12/31/	200
						PA ID No.	Ш		11		11	1
Type of Regulated Waste Activity (Mark	the appropriat	te boxes fo	or activities the	at apply	to your	sitc. See in:	struction	חב סח ס	2662	6 to 30	)	
tardous Waste Activities												
Generator of Hazardous Wasto     (Choose only one of the following three)	ee categories	.)				porter of Ha						
□ a. LQG: Greater than 1,000 kg/mo (hazardous waste; or □ b. SQG: 100 to 1,000 kg/mo (220 - hazardous waste; or  ★c. CESQC: Less than 100 kg/mo (2 waste  In addition, indicate other generator of united States Importer of Hazardous and radious waste (hazardous and radious united States Importer of Hazardous united St	2,200 lbs /mo (20 lbs /mo.) of activities. (Malous Waste	) of non-acute	cute hazardous	0 3	S. Treate site) activition hazard activition hazard activition hazard activition activities activit	er, Storer, or Note: A haza	Dispose redous we dows W. dows W. ermit maddor Indiaty On-site string, an	er of Hasse per aste per asto (at my be rec ustrial I de Burne d Refini	your : quired =urnac	site) No for this :	for this	5
1. Large Quantity Handler of Universal more) [refer to your State regulation Indicate types of universal waste got site. (Mark all boxes that apply):	s to determine	ulate 5,00 e what is r	0 kg or egulated].		1. Used □ a, ★b.	ctivities (Ma l Oil Transporter Transfer Fed	orter - In	dicate 1	Type(s	) of Act		
	Generate	Accumu	:late			Oll Process tivity(les)	or and/o	or Ro-re	finer .	Indicat	е Туре	(5)
a. Batteries		U			□ а.	Processor						
b. Pesticides	0	0			□ b.	Re-refiner						
c. Thermostats	ū	a		0	3. Off-S	pecification	Used O	II Burn	вг			
d. Lamps		0			4 11	Oil Fuol Ma	rkater	Indiane	Time	/e) of A	ctivity	lies
	0	0			4, USBL	TOIL LOOI ING	I KOTO	murcan	e . ype	(3) (1)	Lucity	100
e. Other (specify)		0			□ ar.	Marketer W						ion
f. Other (specify)						Used Oil to	Off-Spec	cification	Used	Oll Bun	ner	
g. Other (specify)	0	0			□ b.	Marketer. W Specificatio		Claims 1	the Us	ed Oil M	eets tr	IG
Destination Facility for Universal Wa Note: A hazardous waste permit may be		this activity			. 0							
Description of Hazardous Wastes (See	instructions	on page 31	1) NA pe	~ 0	ind	7						
laste Codes for Foderally Regulated Haz e order they are presented in the regulation	ardous Waste	s. Please 0003. F00	list the waste of. U112). Use	odes of t	he Fede	eral hazardou ge if more spi	s wastes aces are	needed	d at you	ur site.	List th	əm
900												
										-		
										-		
							-			-		
	a chierca	11S da	RC									
			_yd									
Alphoramely medical production on the pro-			no									
Approximation of the second of	CONTRACTOR OF CO	and the second										

T-562 P.050/050 F-835

			EPA ID No.				
B Vaste Codes for State-Regulated (i.e., n a ur site. List them in the order they are pr	on-Federal) Hazardous esented in the regulation	Wastes. Please list the s. Use an additional pag	waste codes of the State if more spaces are need	e-regulated eded for wa	hazardou ste codes	is wastes	handled
0039							
12. Comments (See Instructions on page 3	1)						
			1				
13. Certification. I certify under penalty of its system designed to assure that qualified personange the system, or those persons directly true, accurate, and complete. I am aware that knowing violations. (See Instructions on page 1997).	onnel property gather and responsible for gathedre there are significant pen	d evaluate the information of the information, the info	n submitted. Based on mormation submitted is, to	the best of	my knowle	n or perso	ons who belief,
Signature of owner, operator, or an authorized representative	2 5	Name and Official Ti					Signed (d/yyyy)
ilean Made	Dieser Mas	es. In	meige.			2.6	03
			1				

T-562 P 048/050 F-835

			OMB#: 2050-0175 Expires 12/31/2003							
m-m-	MAIL THE MPLETED FORM TO: ppropriate State or regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION	<b>I</b>							
7	ason for Submittal	Reason for Submittal:								
The Barre	nstructions on 23)	To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).								
	K CORRECT BOX(ES)	To provide Subsequent Notification of Regulated Waste Activity (to update site identification information).								
		☐ As a component of a First RCRA Hazardous Waste Part A Permit Application.								
		As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #).								
		As a component of the Hazardous Waste Report.								
N.C.Na	te EPAID Numbor Instructions on page	EPA ID Number:								
	e Name (See actions on page 24)	Name: Vetter Equipment Company								
4	te Location	Street Address: 2310 Towns	tuenue P.O. Box 27							
0	mation (See uctions on page 24)	Clty, Town, or Villago: Ona Wa	Stato:							
		County Name: Monona	ZIp Code: 51040							
-	te Land Type (See juctions on page 24)	Site Land Type: Private County County District DiFederal	□ Indian □ Municipal □ State □ Other							
6	rth American Industry	A Seckand Service 8.	1. The state of th							
	iffication System CS) Code(s) for the	Case IH Equipment								
2	(See instructions on 24)	C. 0 0.	Some for the second of the sec							
	te Mailing Address	Street or P. O. Box: Same								
	Instructions on page	City, Town, or Village:								
		State:								
		Country:	Zip Code:							
	ite Contact Person (See ructions on page 25)	First Name: Gavy Mi:	Last Name: Prell							
		Phone Number: 7124231069	Phone Number Extension:							
Ope	egal Owner and trator of the Site (See	Glen & Julie Ve Her	Date Became Owner (mm/dd/yyy): Feb 22, 2000							
Inst 26)	ructions on pages 25 to	Owner Typo: A Private C County D District D Federal C	□ Indian □ Municipal □ State □ Other							
,		B. Name of Site's Operator:	Date Became Operator (mm/dd/yyyy):							
		Dave Madsen	Feb 22,2000							
		Operator Type: APrivate D.Gounty District D.Federal D	Indian U Municipal U State U Other							

			OMB#: 2050-0175 Expires 12/31/2003				
			EPA ID No.				
Type of Regulated Waste Activity (Mark	the appropri	ate boxes for activitie	that apply to your site. See instructions on pages 25 to 30)				
zardous Waste Activities							
1. Generator of Hazardous Wasto			For Items 2 through 6, mark all that apply.				
(Chaose only one of the following th			<ul> <li>2. Transporter of Hazardous Waste</li> </ul>				
<ul> <li>a. LQG: Greater than 1,000 kg/mo hazardous waste; or</li> </ul>	(2,200 lbs./m	<ul> <li>3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this</li> </ul>					
☐ b. SQG: 100 to 1,030 kg/mo (220	- 2,200 lbs /m	activity.					
hazardous waşte; or		☐ 4. Recycler of Hazardous Wasto (at your site) Note: A					
c. CESQG: Less than 100 kg/mo (	220 lbs./mo.)	of non-acute hazardous	hazardous waste permit may be required for this activity.				
		lark all that annivi	<ol><li>Exempt Boller and/or Industrial Furnace</li></ol>				
in addition, indicate other generator		ank an mar apply)	<ul> <li>a. Small Quantity On-site Burner Exemption</li> </ul>				
a. United States Importer of Hazard			U b Smelting, Melting, and Refining Furnace Exemption				
e. Mixed Waste (hazardous and rad	dioactiva) Ger	nerator	☐ 6. Underground injection Control				
niversal Waste Activities NIA	0000	indy Jone	C. Used Oil Activities (Mark all boxes that apply.)				
1. Large Quantity Handler of Universal	Waste (accu	mulate 5,000 kg or	1. Used Oil Transporter - Indicate Type(s) of Activity(les)				
more) Irefer to your State regulation	ns to determi	ne what is regulated.	a. Transporter				
Indicate types of universal waste go site. (Mark all boxes that apply):	enerated and	or accumulated at you	Transfer Facility				
Site, (Mark all boxes that apply).	Cocomin	Accumulate	2. Used Oll Processor and/or Ro-refiner - Indicate Type(s)				
	Generate	1	of Activity(les)				
a. Batteries		<u> </u>	□ b. Re-refiner				
b. Pasticides	٦	۵	3. Off-Specification Used Oil Burner				
c. Thermostats	Ü,	0	1				
d. Lamps	0	ū	4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(les				
e. Other (specify)	. ,0	0	<ul> <li>a: Marketer Who Directs Shipment of Off-Specification</li> <li>Used Oil to Off-Specification Used Oil Burner</li> </ul>				
f. Other (specify) g. Other (specify)		o o					
g. Other (specify)		_	□ b. Marketer Who First Claims the Used Oil Meets the Specifications				
<ol> <li>Destination Facility for Universal W Note: A hazardous waste permit may</li> </ol>	laste be required to	or this activity.					
Description of Hazardous Wastes (Se	e instructions	s on page 31) NA	per Cirdy				
Naste Codes for Foderally Regulated Ha	zardous Was	ites. Please list the wa	ole codes of the Federal hazardous wastes handled at your site. List them				
he order they are presented in the regulation	ons (e.g., D00	1. 0003. F007, U112).	Use an additional page if more spaces are needed.				
9000							
7							
	1	1					
	<del></del>						

**Date Signed** 

(mm/dd/yyyy)

Name and Official Title (type or print)

Signature of owner, operator, or an

authorized representative





Vetter Equipment - Napa # 2

2310 Iowa Avenue PO Box 27 Onawa, Iowa 51040

Phone 712 423 1069 Vetter Phone 712 423 2505 Napa 712 423 3018 Vetter & Napa Fax

We have \_\_\_\_\_ page(s) to send, including this cover page.

If you experience problems with this facsimile transmittal, please contact us.

Cindy bres Fax# 9135517947 Comments:

het me know if & need to do any else.

### Confirmation Report - Memory Send

Time

: Jan-06-2003 11:17am

Tel line :

Name

Job number

: 835

Date

: Jan-06 10:51am

To

: 917124233018

Document pages

: 050

Start time

: Jan-06 10:51am

End time

: Jan-06 11:17am

Pages sent

: 050

Status

: OK

Job number

: 835

\*\*\* SEND SUCCESSFUL \*\*\*



#### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII 901 NORTH 5TH STREET KANSAS CITY, KANSAS 66101

# FAX COVER SHEET AIR RCRA TOXICS DIVISION (ARTD)

TO: Jany Prell
PHONE #: 641 - 423 - 7069 FAX #: 712 - 423 - 3018
FROM: Cindy Sehnert-Jones
PHONE #: 913-551-7075 FAX #:
SUBJECT: Notification of Regulated Waste Mctivity - the form is on pages 45-47.
TOTAL PAGES INCLUDING COVER: (800) 48 ]
COMMENTS: If you have any questions, feel
RECYCLE &



## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII 901 NORTH 5TH STREET KANSAS CITY, KANSAS 66101

# FAX COVER SHEET AIR RCRA TOXICS DIVISION (ARTD)

TO: Jacks Har Gary Prell
TO: Jay Prell  712-423-1069  PHONE #: 641-680-1717 FAX #: 712-423-3018
FROM: Cindy Sehnert-Jongs
PHONE #: 913-551-7075 FAX #:
SUBJECT: Notification of Regulated Waste Activity - the form is on pages 45-47.
TOTAL PAGES INCLUDING COVER: 48 3
COMMENTS: If you have any questions, feel free to contered me?